

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KP		4-1-00
O.I.P.E. CLASSIFIER			4-7-00
FORMALITY REVIEW	CM	71632	6/5/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3/29/00
2	✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy